

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/869401

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		①		1		
6		①		1		
7		①		1		
8		①		1		
9	1			1		
10		1		1		
11		1		1		
12		3		1		
13		①		1		
14		①		1		
15		①		1		
16		①		1		
17		①		1		
18		①		1		
19		①		1		
20		①		1		
21	1		1			
22	1			1		
23			1			
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48						
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.			22			↓
TOTAL CLAIMS			26			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS